

**COVID-19 Testing &
Vaccination Mandate**

VAULT
H E A L T H

A compliant workplace solution



Vault is one of the country's most recognized providers of COVID testing

NEWS CORONAVIRUS HEALTH & SCIENCE

Companies ramping up at-home saliva tests for coronavirus are banking on 'endless' demand



Forbes



'We Didn't Want to Sit Idle': A Rush to Meet Pro Sports' Testing Needs

The
New York
Times



REUTERS

BUSINESS
INSIDER



SPORTS

Why NBA, MLB and PGA Tour Are Ditching Nasal Swab for Saliva COVID-19 Tests

Newsweek



HUFFPOST

jetBlue



JetBlue, Vault Health partner to offer flyers a Covid-19 saliva test





Unique for NJ Employees

Step 1 - Verifying Employee Vaccination Status

- NJ CTO will accept vaccine attestations and documents in the centralized human resource management system
- Vault will not see or have access to this data

Step 2 - Testing Unvaccinated Employees

- Employees can be tested at work, at home, or in centralized locations.
- Test results are automatically reported to your employee via email and to the state system by Vault.
- Employees who later become vaccinated can stop testing when told to by State leadership.



Who is IBX?

IBX (Infinity Biologix) is Vault's COVID-19 testing lab partner with locations in New Jersey and Minnesota.

- Received the first FDA Emergency Use Authorization (EUA) enabling the use of saliva tests to detect the presence of the SARS-CoV-2.
- The world's largest university-based biorepository (based at Rutgers), IBX provides support to the development of diagnostics, therapeutics, and research in the genomics, precision, and regenerative medicine arenas
- Major testing provider to several states
- Offers EUA saliva PCR testing



How Vault PCR Testing Works

Testing can happen at home, at work, or anywhere you have access to a smart device.

Individual results are returned via email, and sent to health authorities to support contract tracing. If an outbreak is detected, Vault can provide additional testing options for all exposed employees.

NOTE: You may not eat, drink, smoke or chew gum 30 min prior to taking the test.

STEP 1

Spit

Patients spit into a sample collection tube and tubes are then sent via overnight mail or courier.



STEP 2

Test Each Sample

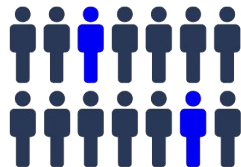
Samples are processed at the lab, and each patient gets their own result via email. Results process in 12-48 hours from lab arrival.



STEP 3

Get Results

Results are reported to the patient and uploaded to the employer's dashboard.



Individuals receive results via email



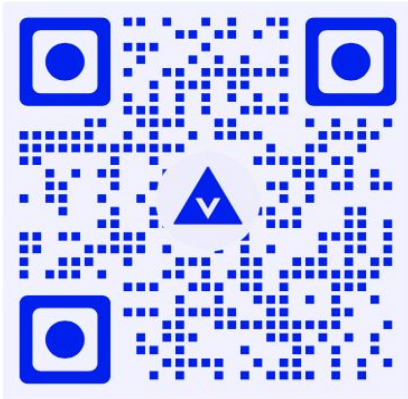
PATIENT REGISTRATION

Onsite: covid.vlt.co

At-Home & Virtual:
covidtest.vaulthealth.com

Step 1: Patients go to
COVID.VLT.CO

**SCAN WITH YOUR
PHONE CAMERA**



VAULT

How the test works

- 1** COMPLETE MEDICAL FORMS
- 2** PROVIDE YOUR SAMPLE
- 3** GET YOUR RESULTS

NEXT



Step 2: Patient Completes Demographic Info

Returning donors should click 'Log In' and then 'START NEW ORDER'.



VAULT

Who will be using this test order?

We need to register you, or your child, before you can give your sample.

Already have an account with Vault? [Log In](#)

FIRST NAME
John

LAST NAME
Doe

PHONE
(888) 123-4567

DATE OF BIRTH
01/01/1970

Sex

☒ Male

☐ Female

☐ Decline to identify

Select Race and Ethnicity

We ask these for reporting purposes.

Choose one...

Choose one...

Create Account

Email

Confirm Email

Password

Password must be at least 8 characters, contain one number and one letter.

NEXT >

Step 3: Patient Enters Residential Address

Please enter your home address

This information is needed for accurate local
and state reporting.

ADDRESS ⓘ

ADDRESS 2

CITY

STATE

Choose one...

ZIP CODE

NEXT



Step 4: Patient Selects State Test is Occurring In

[< BACK](#)[LOG OUT](#)

VAULT

**What state are you taking this
test in?**

Missouri

NEXT >

Step 5: Patient Acknowledges Terms & Conditions

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VAULT

Vault COVID-19 Test Kit

Before starting this form, there are a few things you should understand about this COVID-19 testing kit:

This kit will only test you for COVID-19 at the time that you give your sample. It is NOT an antibody test.

It does not determine whether you have had COVID-19 in the past or have developed antibodies for COVID-19. It is also possible you may become exposed and develop COVID-19 after you provide your sample.

Vault only provides testing for COVID-19.

We do not provide treatment or medical recommendations beyond what the CDC advises. Your report will come with general recommendations for next steps depending on your results.

This test requires a saliva sample.

The kit will include a test tube in which to put your sample.

We are required to report all verified cases of COVID-19 to the applicable health authority in your state.

This means that we are required by law to report your test result, and certain other pieces of information such as your age, sex, and address.

By clicking here, I would like to receive my results by email. I am aware that these are not secure means of communication and that there is a risk that my protected health information could be accessed by unauthorized third parties.

☒

By clicking here, I understand and agree to statements in the page above and the Terms and Conditions.

☒

NEXT →

Step 6: Patient Completes Potential Exposure Details

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VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

NEXT >



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VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

HOW MANY DAYS AGO?

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

HOW MANY DAYS AGO?

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Step 7: Patient Chooses COVID-19 Symptoms

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VAULT

Are you experiencing any symptoms of COVID-19?

Check all that apply:

- ☐ Fever
- ☐ Dry cough
- ☐ Shortness of breath or difficulty breathing
- ☒ Fatigue
- ☐ Loss of sense of taste/smell
- ☐ Diarrhea
- ☐ Nausea/Vomiting
- ☒ Generally not feeling well
- ☐ Muscle aches
- ☐ Chills
- ☒ Headache
- ☐ Sore throat
- ☐ Purple / blue discoloration of one or more toes
- ☐ No Symptoms

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Step 8: Patient Records Duration of Symptoms

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VAULT

**How many days have you
had symptoms?**

Enter the # of days

DAYS

5

NEXT [>](#)

Step 9: Patient Completes Qualifying Questions

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COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

☐ I have my unopened testing kit with me.

☐ I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

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VAULT

COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

☒ I have my unopened testing kit with me.

☒ I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

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Step 10: Patient Enters Sample ID Number Twice

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LOG OUT

VAULT

COVID-19 Testing

Step 1:

Open your kit and enter the kit ID number.



Scan Barcode

Enter Kit ID Number

SD1234567890

Re-enter Kit ID Number

SD1234567890

NEXT >

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VAULT

COVID-19 Testing

Step 1:

Open your kit and enter the kit ID number.



ENTER ID NUMBER

SD23D151228156

CONFIRM ID NUMBER ⓘ

If you have problems or questions while providing your sample:


Please stop and ask your test administrator

NEXT >



Step 1:

Open your kit and enter the kit ID number.



Scan Barcode

Enter Kit ID Number

SD351571959185

Re-enter Kit ID Number

SD351571959185

If you have problems or questions while providing your sample:

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**Step 11: Patient
Confirms State
Agency
(Will be NJ DCF)**

The screenshot shows a mobile application interface with a light purple background. At the top left is the 'VAULT' logo in blue. At the top right is a 'LOG OUT' link in blue. The main heading in bold blue text asks: 'Are you a part of, or disclosing results to State of Minnesota - Duluth?'. Below this, a smaller line of text states: 'We want to confirm which organization you're testing with today.' At the bottom of the screen are two large, light blue buttons labeled 'YES' and 'NO'. A large, semi-transparent 'EXAMPLE' watermark is overlaid across the bottom half of the screen. A small 'EXT' label is visible on a grey bar at the very bottom of the app interface.

EXAMPLE

Step 12: Patient Enters Name on HIPAA Authorization Form

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VAULT

COVID-19 Testing

Step 2:

Please sign this HIPAA Authorization to disclose healthcare information.

HIPAA AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

If you ("Individual") would like your healthcare provider, Vault Medical Services, P.A. ("Provider") to disclose the specified Protected Health Information (PHI) to your employer [REDACTED] ("Employer"), you must print your name below to signify your agreement to this authorization allowing the release of such PHI.

I understand that by printing my name below, this authorization will become part of my records with Provider and will be associated with my use of the specific test code which has been provided to me by my Employer for the purposes of receiving a COVID-19 test kit from Provider and processed by RUCDR Infinite Biologics.

A. Provider

Provider: Vault Medical Services, P.A.
Address: 22 W. 23rd Street, 5th Fl
New York, NY 10001
Telephone: (212) 880-5494
Fax No: (212) 365-5547

B. Description of Health Records

I hereby authorize the Provider named herein to disclose only the following health records (PHI):

COVID-19 laboratory test results to the RUCDR Infinite Biologics, TagPath SARS-CoV-2 assay intended for the qualitative detection of nucleic acid from SARS-CoV-2.

C. Purpose of Disclosure

Below is a description of the reason(s) for disclosing my health records (for example, you may write, "to allow my Representative(s) to evaluate, manage and/or administer my health benefit claim").

Employer is my current employer. The Provider may communicate directly with Employer regarding my COVID-19 laboratory test results and may release copies of the above identified health records (PHI) in order to assist Employer in identifying reasonable accommodations it can make that will allow me to return to work.

D. Designation of Representative(s)

The health records (PHI) described above are to be released to my Employer (as designated above).

Please read each of the following statements carefully before signing this document:

- I understand that this Authorization will be valid for three (3) years from the date of signature, or one (1) year from the date of any COVID-19 laboratory test performed by RUCDR Infinite Biologics, whichever is longer, unless I revoke this Authorization.
- I understand that I may revoke this Authorization at any time by sending the Provider a written notification to legislatives@vaulthealth.com. I further understand that this revocation will be effective for future uses and disclosures of my PHI only related to COVID-19 laboratory test results to the RUCDR Infinite Biologics, TagPath SARS-CoV-2 assay intended for the qualitative detection of nucleic acid from SARS-CoV-2, but will not be effective for PHI that the Provider has already used or disclosed in accordance with this Authorization.
- I understand that this Authorization is voluntary and being made at my request. I understand that if I do not sign this form, it will not affect my treatment, payment, enrollment in a health plan, or eligibility for benefits. I understand that if I choose not to give this permission, or if I revoke my permission, I will still be able to receive any treatment or benefits that I am entitled to, as long as this information is not needed to determine if I am eligible for services or to pay for the services that I receive.
- I understand that the PHI released under this Authorization may no longer be protected by state and federal privacy laws and may be re-disclosed by the Employer that receives the information, except as specifically indicated herein.
- I understand that the Provider may charge me a reasonable, cost-based fee for copying my health records. This fee can include the cost of supplies and the labor for making copies. Additionally, I understand the Provider may charge me for the actual cost of postage if I request the health records be mailed.
- I understand that this Authorization may be executed through the use of an electronic signature in accordance with the Electronic Signatures in Global and National Commerce Act (E-Sign Act), Title 15, United States Code, Sections 7001 et seq., the Uniform Electronic Transaction Act (UETA), and any applicable state law, and that any electronic signature shall be deemed an original signature for purposes of this Authorization, with such electronic signature having the same legal effect as an original signature.

I HAVE CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I EXPRESSLY CONSENT TO THE USE OF ELECTRONIC SIGNATURE AND UNDERSTAND THAT BY PRINTING MY NAME HERE, I HAVE AFFIRMATIVELY EXECUTED THIS AUTHORIZATION.

John Doe

Please type your name above to sign

NEXT [→](#)

SAMPLE COLLECTION

Step 1: Patient Opens Kit & Provides Saliva Sample


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VAULT

COVID-19 Testing

Step 3:

Open the top of the tube (it looks like a funnel) and provide saliva up to the black fill line.



☐ I have provided enough saliva to reach the black fill line on my tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >



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VAULT

COVID-19 Testing

Step 3:

Open the top of the tube (it looks like a funnel) and provide saliva up to the black fill line.



☒ I have provided enough saliva to reach the black fill line on my tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 2: Patient Secures Cap & Releases Blue Preservative


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VAULT

COVID-19 Testing

Step 4:

Seal the tube tightly with the provided cap. The cap includes a liquid preservative which will release into the tube, turning the sample blue.



☐ I have tightly sealed the cap on the tube, and the blue preservative was released into the tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >




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VAULT

COVID-19 Testing

Step 4:

Seal the tube tightly with the provided cap. The cap includes a liquid preservative which will release into the tube, turning the sample blue.



☒ I have tightly sealed the cap on the tube, and the blue preservative was released into the tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 3: Patient Agitates Tube to Mix Saliva & Preservative Solution


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COVID-19 Testing

Step 5:

Shake the tube for at least 5 seconds. The preservative should be well mixed with your saliva sample.



☐ I shook the tube for at least 5 seconds.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >




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VAULT

COVID-19 Testing

Step 5:

Shake the tube for at least 5 seconds. The preservative should be well mixed with your saliva sample.



☒ I shook the tube for at least 5 seconds.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 4: Patient Drops Sample in Biohazard Bag

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VAULT

COVID-19 Testing

Step 6:

Place the tube into the clear bio-hazard bag included with your kit. Completely seal the bag.



☐ I placed the sample in the biohazard bag and sealed it.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >




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VAULT

COVID-19 Testing

Step 6:

Place the tube into the clear bio-hazard bag included with your kit. Completely seal the bag.



☒ I placed the sample in the biohazard bag and sealed it.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Step 5: Patient Exits the Collection Site

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VAULT

COVID-19 Testing

Step 7:

Return your completed sample in the sealed biohazard bag to your test administrator.

☐ I gave my sample to the test administrator.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >



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VAULT

COVID-19 Testing

Step 7:

Return your completed sample in the sealed biohazard bag to your test administrator.

☒ I gave my sample to the test administrator.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

Thank you

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